

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Application Number

09/730,326

Filing Date

December 4, 2000

First Named Inventor

Daniel Schreiber

Art Unit

2131

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Examiner Name

Allen S. Wu

Total Number of Pages in This Submission

17

Attorney Docket Number

43426.00047

Technology Center 2/00

ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) After Allowance Communication to Technology Center (TC) Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Amendment with RCE (12 pages) Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) After Final Petition to Convert to a Provisional Application Proprietary Information Affidavits/declaration(s) Power of Attorney, Revocation Change of Correspondence Address Return Postcard Extension of Time Request Terminal Disclaimer Other Enclosure(s)
(please identify below): Express Abandonment Request Request for Refund**Request for Continued Examination (RCE) (in duplicate)** Information Disclosure Statement CD, Number of CD(s) _____ Certified Copy of Priority Document(s)

Remarks

 Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm
or
Individual nameMarc A. Sockol, Reg. No. 40,823
Squire, Sanders & Dempsey, L.L.P.
600 Hansen Way
Palo Alto, CA 94304-1043

Signature

Date

October 12, 2004

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Date

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**FEET TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 1338)**Complete If Known**

Application Number	09/730,326
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First Named Inventor	Daniel Schreiber
Examiner Name	Allen S. Wu
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 05-0150 <input checked="" type="checkbox"/> Deposit Account Name Squire, Sanders & Dempsey, L.L.P.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">*Reduced by Basic Filing Fee Paid</td></tr> <tr> <td colspan="4"></td> <td colspan="2">SUBTOTAL (3)</td> <td>(\$ 790)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	430	2252	215	1253	980	2253	490	1254	1,530	2254	765	1255	2,080	2255	1,040	1401	340	2401	170	1402	340	2402	170	1403	300	2403	150	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,370	2453	685	1501	1,370	2501	685	1502	490	2502	245	1503	660	2503	330	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	790	2809	395	1810	790	2810	395	1801	790	2801	395	1802	900	1802	900	Other fee (specify) _____				*Reduced by Basic Filing Fee Paid								SUBTOTAL (3)		(\$ 790)
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Marc A. Sockol	Registration No. (Attorney/Agent)	40,823	Telephone	(650) 856-6500	
Signature				Date	October 12, 2004	

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